

UNITED WAY USE ONLY: DATE REC'D: \_\_\_\_\_ ACCT #: \_\_\_\_\_



WP  CORP (Gen'l)  BCWI  STB  BKO  PEP  Other:

# CAMPAIGN REPORT ENVELOPE

Company/  
Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total #  
Employees: \_\_\_\_\_

### Important Instructions

**Enclose in this envelope:**

- All original, signed pledge forms, including form of payment, checks, and cash from special events.
- All information on this report should reconcile with your pledge forms.
- Copy of pledge forms noting Payroll Deduction must go to your payroll department.
- Deliver signed, sealed envelope to **United Way of Bucks County**  
**413 Hood Boulevard**  
**Fairless Hills, PA 19030**

	# of Givers	Pledges (\$)	Enclosed Payments (\$)
<b>Payroll Deduction</b>		\$	
<b>Checks</b>			\$
<b>Cash (individual donors)</b>			\$
<b>Credit Card</b>			\$
<b>Special Event Revenue</b>			\$
<b>Corporate Gift</b> (If check to be sent later, list as pledge)		\$	\$
<b>TOTAL:</b>		\$	\$
<b>Grand Total:</b> (pledges + payments)		\$	

This is a:  Partial Report  Final Report  Additional Report

### Employee Campaign Coordinator Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Preparer's Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**United Way of Bucks County Contact Information:**

413 Hood Boulevard, Fairless Hills, PA 19030

Phone: 215.949.1660 • Fax: 215.949.0373

Email: info@uwbucks.org • Web: www.uwbucks.org

**LIVE UNITED**